Case 1:06-cv-00305-	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article/Addressed to: D. Is delivery address different from item 1? Yes AMD TO COMPLETE THIS SECTION ON DELIVERY A. Signature A Signature Addressee B. Refleived by (Printed Name) C. Date of Delivery C. Date of Delivery ACTION ON DELIVERY D. Is delivery address different from item 1? Yes AND COMPLETE THIS SECTION ON DELIVERY
	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540